

immense loss of life—and it serves no purpose. It brings neither peace nor statehood any closer. But the threat of violence overhangs the Palestinian maneuvers at the U.N.

Fourth, unilateral action at the United Nations will be a major setback of incalculable duration to any meaningful resolution of the issues if there is to be a just and lasting peace with Israel, and the establishment of a Palestinian state. If the Palestinians seek to act on their own, what is there to negotiate with Israel? Where is the dialogue? What can possibly be the prospects for a meeting of the minds and a resolution of the issues of borders, security, Jerusalem, and refugees? A unilateral declaration of statehood is not a substitute for the peace process; it is a repudiation of the peace process. And that means the end to the peace process.

Fifth, a recognition of Palestine by the United Nations will lead to great legal vulnerability to Israel and its government's leaders by giving Palestine standing in several international institutions, such as the International Court of Justice. No settlement of any issues or grievances between the parties can be advanced by legal harassment of Israel in international organizations.

For all these reasons, I believe it is imperative that the United Nations reject any unilateral bid for statehood for Palestine.

The member states of the United Nations must understand that a vote against a resolution in the General Assembly is not a vote against a Palestinian State—it is a vote to get the parties into direct negotiations so that a Palestinian State can truly and successfully and legitimately arise.

As President Obama said today: "We will only succeed in that effort if we can encourage the parties to sit down together, to listen to each other, and to understand each other's hopes and fears. That is the project to which America is committed, and that is what the United Nations should be focused on in the weeks and months to come."

Last week, I was pleased to join with dozens of Members of the House in correspondence directed to several dozen foreign heads of state, in which we urged that their governments reject a unilateral declaration of statehood for Palestine by the United Nations.

I commend our correspondence to all our colleagues. We will continue our efforts at the United Nations and redouble our commitment to the re-commencement of direct negotiations between Israel and the Palestinians leading to a peace agreement between them.

HOUSE OF REPRESENTATIVES,

September 15, 2011.

We write on a matter of great urgency, on the eve of the United Nations General Assembly meeting. It is our understanding that the leadership of the Palestinian Authority will pursue a resolution at the United Nations—in either or both the Security Council and the General Assembly—to grant the Palestinians the equivalent of statehood and/or prejudice final issues, including borders and the status of Jerusalem. One of the major goals of this effort is for the Palestinians to better position themselves to petition the International Criminal Court, very possibly bogging down the court for the foreseeable future.

It is our strong belief that such unilateral action would have devastating consequences for the peace process and the Palestinians themselves. Accordingly, we urge you in the strongest terms not to support this effort.

We believe that the only way to achieve a two-state solution is through direct negotiations leading to a peace treaty fully accepted by both governments and by both peoples. A just and lasting peace cannot and must not be imposed on the parties. If the Palestinians pursue such a unilateral approach, it violates the letter and spirit of the Oslo Accords and will deal a significant blow to future negotiations. Given the expectations gap among the Palestinian public, such action could lead to widespread violence on the ground, jeopardizing the West Bank's impressive economic and security gains over recent years. There is also a substantial risk of more broadly inflaming the region and increasing violence at a time of already great instability. Finally, the United States will reconsider its assistance program for the Palestinian Authority and other aspects of U.S.-Palestinian relations if they choose to pursue such a unilateral effort.

We are confident that your government shares the United States' commitment to a comprehensive resolution of the conflict between the Israelis and the Palestinians. That outcome can only be achieved through direct negotiations. A vote on a unilateral UN resolution will likely set prospects for peace back years.

Our bilateral relationship is based on certain fundamental values. We urge you to vote those values, and to stand with the United States in not supporting unilateral action at the UN that would impede the peace we all seek.

Thank you for your consideration of our views.

Democratic Whip Steny H. Hoyer; Democratic Leader Nancy Pelosi; Rep. Gary Ackerman; Rep. Joe Baca; Rep. Shelley Berkley; Rep. Howard Berman; Rep. Madeleine Bordallo; Rep. Leonard Boswell; Rep. Dennis Cardoza; Rep. Russ Carnahan; Rep. David Cicilline; Rep. Emanuel Cleaver; Rep. Gerry Connolly; Rep. Jim Costa; Rep. Jerry Costello; Rep. Mark Critz; Rep. Joseph Crowley; Rep. Susan Davis; Rep. Rosa DeLauro; Rep. Ted Deutch.

Rep. Eliot Engel; Rep. Charlie Gonzalez; Rep. Gene Green; Rep. Janice Hahn; Rep. Brian Higgins; Rep. Kathy Hochul; Rep. Tim Holden; Rep. Steve Israel; Rep. William Keating; Rep. Larry Kissell; Rep. James Langevin; Rep. John Larson; Rep. Sander Levin; Rep. Dan Lipinski; Rep. Nita Lowey; Rep. Carolyn Maloney; Rep. James McGovern; Rep. Gregory Meeks; Rep. Michael Michaud; Rep. Chris Murphy.

Rep. Jerrold Nadler; Rep. Eleanor Holmes Norton; Rep. Bill Owens; Rep. Gary Peters; Rep. Steven Rothman; Rep. C.A. Dutch Ruppersberger; Rep. John Sarbanes; Rep. Janice Schakowsky; Rep. Adam Schiff; Rep. Allyson Schwartz; Rep. David Scott; Rep. Brad Sherman; Rep. Heath Shuler; Rep. Albio Sires; Rep. Betty Sutton; Rep. Edolphus Towns; Rep. Debbie Wasserman Schultz; Rep. Henry Waxman.

MEDICARE AND OBAMACARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY of Georgia. Thank you, Madam Speaker, and I thank our majority leader for giving me the opportunity to take this time this

evening to talk about two of the most important issues on the minds of every American, but especially on the minds of our seniors, and those two issues are, number one, Medicare, and, number two, the Patient Protection and Affordable Care Act.

Now, if you go to the 11th Congressional District of Georgia, Madam Speaker, and you say, what do you think about the Patient Protection and Affordable Care Act that was passed on March 23, 2010—1½ years ago—in this body, they would say I don't know what you're talking about. What is PPACA, the Patient Protection and Affordable Care Act? And then if you said to the folks in the 11th of Georgia, well, ObamaCare, they would say yes, of course, now I know what you're talking about. So tonight I will use the term "ObamaCare"—not in a pejorative way, but it's the term that's most recognizable to the American people.

Of course even today, 1½ years after passage of ObamaCare, fully 60 percent of people across this country are opposed to it. They were opposed to it at its inception; and yet when President Obama was inaugurated and became our 44th President, just within weeks there was this push to have something that I would call national health insurance or government-controlled health insurance for this great country of ours.

Many times, Madam Speaker, the dialogue was, well, we have been wanting this government-controlled health insurance, national health insurance, Medicare-for-all government insurance from cradle to grave for years, way back in probably the days of Theodore Roosevelt. We have been wanting this and trying to get this passed, and now is our opportunity. Now finally we have the opportunity to bring this to the American people.

Well, who was it, Madam Speaker, that wanted it all these years? And why, if they wanted it so badly for 50, 60, 70 years, why was it never passed? Indeed, why was it not passed the last time before this passage in March of 2010? Why did it fail back in 1993-94, during the administration of President Clinton, when we referred to it as HillaryCare? Everybody remembers that very well. Well, it's because the American people don't want this. They didn't want it then, didn't want it in 1993-94, absolutely didn't want it in March of 2010. And yet this President and that majority—at the time, the Democrats controlled this House of Representatives. They controlled the Senate. They had the White House.

□ 1900

All their ducks were in a row. Everything was aligned. And they literally spent a year and a half, Madam Speaker, a year and a half forcing that legislation, literally, down the throats of the American people, even when folks of all ages, but especially seniors, were saying, you know, We don't really want this.

Part of that reason, especially in regard to our seniors, Madam Speaker, is the fact that they were worried, and still are worried, about their Medicare program. Medicare, of course, was an amendment to the Social Security Act that was passed back in 1965. I had just completed my freshman year of medical school, and I remember it very well. Medicare, of course, is a great program for our seniors. I would hate to think what our situations would be, those over 65 and those with disabilities, if it were not for the Medicare program.

But, Madam Speaker, the Medicare program is far from secure. I'm sad to say that tonight, but it's the truth, and I think the American people, and again, especially our seniors who are currently on Medicare, or those that are getting close to age 65, I think they know that our attention in this Congress and from this administration should be on preserving, strengthening the Medicare program for our seniors and not spending a year and a half, from January 2009, literally, until March of 2010, with almost nothing on the agenda but instituting, passing this new entitlement program called PPACA, Patient Protection Affordable Care Act, or, indeed, ObamaCare, that really has nothing to do with seniors, has very little to do with those who are poor in this country, through no fault of their own, and thank goodness, again, created in 1965, their health care system called Medicaid.

So, no, what we have done with ObamaCare, Madam Speaker and my colleagues, is just simply create a whole new entitlement program. I will make a little analogy and say that if, in the middle of a thunderstorm, you have a leaking roof on your house, you don't go out and add another room or a deck on the back of the house. You get up on that roof and you stop the leaking.

It's a matter of priorities, Madam Speaker. It's a situation that is beyond my comprehension that the Democratic majority and President Obama would spend all that time and effort trying to add a new room, put a deck on the back of the house when the roof was badly leaking. And the analogy is, of course, that roof is the Medicare program.

There's so many things that we need to do and we need to have the courage to do. I am very proud of my party, the current majority in this House of Representatives, when we passed our budget for fiscal year 2012, sometimes referred to as the Ryan budget. PAUL RYAN, Madam Speaker, as you know, is our colleague that is the chairman of the Budget Committee. But it is a Republican budget, and it has the courage of conviction, the commitment to our senior citizens to say to them, We are going to fix the Medicare program and we're going to guarantee that it will be there for your children and your grandchildren and your great-grandchildren, and that the benefit program that you

currently have and, indeed, even people who are not yet eligible for Medicare but they're 55 years old, 10 years away, we would enact no changes whatsoever to their Medicare benefits.

Medicare as you know it will be preserved and protected for those 47 million people who are currently on the Medicare program; maybe 7 million of those are younger individuals who are permanently disabled. Forty-seven million people currently on Medicare. When you add those who, today, men and women in this country who are 55 years of age or older but not yet 65, in 10 years, Madam Speaker, that will be another 20 to 25 million people on the Medicare program with absolutely no changes. You're talking about 65 or 70 million people 10 years from now who will be on Medicare, traditional Medicare as we know it, for the rest of their natural lives, and I hope every one of them, including myself, lives to be 93 years old like my mom is today and enjoying the benefits and the security of Medicare.

Again, we diverted our attention away from a program that our seniors can't live without but that's in danger of becoming insolvent. And that's not Congressman PHIL GINGREY, Dr. GINGREY, the chairman of the GOP House Doctors Caucus speaking, although I do represent, Madam Speaker, that group here tonight as the designee for the Republican majority in this hour of time that is allotted to me. No, this is the trustees of Medicare and the Congressional Budget Office and the actuary of CMS, Centers for Medicare and Medicaid Services, who every year they look at the sustainability of the program. And what they have told us, Members of Congress, on both sides of the aisle, in both bodies, we know very clearly that the best case scenario if we do nothing is that Medicare will be insolvent. We're talking now about the Hospital Trust Fund. It will be insolvent by the year 2024. Maybe it's worse than that, maybe by the year 2020.

For us to ignore that, just using the expression, Madam Speaker, whistling past the graveyard, pretending something doesn't exist that's as obvious as the nose on your face, kicking the can down the road thinking, well, gee, you know, all I really care about is getting reelected and let somebody else deal with the problems, unconscionable on our part.

And to suggest that this new program to cover those in the country, I don't know how many, 20 million people maybe, that are not poor enough for the Medicaid program and not old enough or disabled enough for the Medicare program, let's create yet another entitlement program. If money grew on trees, that might not be a bad philosophy, but it doesn't. It doesn't. If it did, we wouldn't be in debt \$14.9 trillion, soon to be \$15.5 trillion. We just can't do everything, and we have to set our priorities and focus on what is the right thing, what is the most important thing.

I say to my colleagues tonight, Madam Speaker, during this time, that that most important thing is to strengthen, to preserve, to save our Medicare program for our current seniors and for our children and our grandchildren.

□ 1910

There's so many things in ObamaCare, this new program, this new entitlement program, to make sure that everybody has health insurance whether they really want to or not.

There are so many things in this bill, which doesn't really fully go into effect until 2014, but yet the taxes that are burdening our citizens are already being applied, whether it's an addition to the payroll tax, taxing for the first time income that's not earned, income that's interest, income that's dividends, income that's rental income. If mom and pop happen to rent out a room in their basement, and they have income over a certain amount, the President says they're rich. Again, I used this word a few minutes ago, it's just unconscionable.

When ObamaCare was created, one of the largest pay-fors in that program, Madam Speaker, was cuts to Medicare, something like \$550 billion taken out of the Medicare program—not to strengthen Medicare, not to pay for catastrophic coverage for our seniors, not to strengthen the prescription drug plan, part D, not to close the doughnut hole. No. That money was taken out of the program to pay for this new entitlement that most of us know as ObamaCare, or the Patient Protection and Unaffordable Care Act. In my opinion they should have called it that. That's what's hurting this country very badly right now.

There are many things in ObamaCare that a lot of folks are not really aware of. They don't fully appreciate what is there because as Speaker PELOSI said, you're not going to know until you read it. She suggested that once you read it, you might like it. That certainly has not turned out to be the truth.

Madam Speaker, I want to take an opportunity to go through a few slides. Here are some of the promises that were made as the ObamaCare law was developed.

"ObamaCare will reduce the deficit," Senator TOM HARKIN of Iowa says of the Affordable Care Act, "This historic legislation will reduce the deficit by \$143 billion over the next 10 years."

The next bullet point, colleagues, I know you can't see the small writing so I will read it to you: ObamaCare will create jobs and improve the United States economy. The White House claims that ObamaCare, and this is also a quote from Tim Geithner, the Treasury Secretary, "helps businesses and the overall economy by eliminating hidden costs that currently contribute to higher health care premiums charged to businesses and the government." Tim Geithner, Secretary of the

Treasury, said that in a White House blog on January 19 of this year.

Another quote from the President himself: The Patient Protection and Affordable Care Act “will save a typical family up to \$2,500 on premiums yearly.” President Obama said that, of course, back in 2009. He also said, “If you like your health plan, you can keep your health plan.”

During the health reform debate, President Obama promised Americans that there is nothing in the new law that would force Americans to change plans or their doctor. Colleagues, do you remember that? Sure you do. Of course you do.

Then the last bullet point on this slide, Madam Speaker: ObamaCare will not ration health care.

Now, this is in reference to the provision that was added in the Senate creating something called the acronym IPAB, Independent Payment Advisory Board, kind of like MedPAC is an advisory board under current Medicare.

But this creates this new board, and Secretary Sebelius said this on June 23, just a couple months ago, “IPAB is expressly prohibited from making recommendations that ration care, raise premiums, reduce benefits, or change eligibility for Medicare.” That’s a quote from Secretary of Health and Human Services Kathleen Sebelius.

Here, Madam Speaker, are the realities. Those were the promises. Here are the realities.

Colleagues, please pay attention to this next poster because this is so important.

ObamaCare will not reduce the deficit. According to a report by the House Budget Committee, there will be a \$700 billion increase in the deficit in the first 10 years of ObamaCare.

The second bullet point: ObamaCare will not create jobs nor will it improve our economy. According to testimony by the Director of the Congressional Budget Office, the American labor force will be reduced by 800,000 jobs due to ObamaCare provisions that will effectively increase marginal tax rates, which will also discourage work. That was the testimony of Doug Elmendorf, the Director of the Congressional Budget Office. He was put in that position by Speaker PELOSI. And that was at a House Budget Committee hearing in February of this year, some 6 months after the passage of ObamaCare.

The third bullet: ObamaCare will not lower health care costs for families by \$2,500 a year. The President was wrong about that. Due to ObamaCare, families buying insurance on their own can expect a \$2,100 increase in premiums. And that’s from a letter from CBO to former Senator Evan Bayh, a Democrat from Indiana, and that was in November of 2009, some 5 months after passage of ObamaCare. I’m sorry. That was actually 6 months before. This is when the bill was being developed and debated in the Senate.

If you like your health plan, you cannot keep your health plan. According

to the United States Census Bureau, the 2010 census shows that employer-provided insurance fell by 1.5 million to 55.3 percent from 56.1 percent in 2009. And it is continuing to fall. It would not surprise me if within the next 6 to 8 years, Madam Speaker, that a hundred million workers in this country will lose their employer-provided health insurance because the mandates of ObamaCare make it impossible to meet this requirement.

It’s not just a matter of being forced to provide the health care for their employees; it is the type of health insurance coverage dictated by the Federal Government. That’s why, my colleagues, 60 percent of this country remains totally opposed to this.

Finally on this poster, ObamaCare will ration health care. Don Berwick is the new director of the Centers for Medicare and Medicaid Services, CMS. He had to be appointed by the President during a recess because he could not pass advise and consent and approval by the United States Senate.

□ 1920

They didn’t have the votes. They didn’t have all the Democratic votes, I feel quite confident.

So the President used a little trick of the trade and put him in this position during a congressional recess. This is a gentleman who was quoted and who wrote about and talked about other national health insurance programs. In regard to rationing, here is what the Director of Medicare said, “The decision is not whether or not we will ration care. The decision is whether we will ration with our eyes open.” Don Berwick in Biotechnology Health Care, June 2009.

Madam Speaker, as we talk about these two programs—Medicare on the one hand, ObamaCare on the other—I just think it’s so important for us to understand what kind of costs we’re talking about. This new entitlement program, it’s not paid for. They tried to say that it was paid for, and raised \$1 trillion by slashing and burning Medicare of \$550 billion and by raising taxes for the other \$500 billion, and said in the final analysis that this is paid for and that it saves money. Nothing could be further from the truth.

This program is not paid for. It does not save money, and it is probably costing we the taxpayers \$2.7 trillion. How can we afford to do that, to add that new room or to build that new deck when there are obligations that we have made to our seniors and our obligations that we have made—our promises, our commitment—to those who, through no fault of their own, are unemployed, who have little income or maybe no income? That hand up, of course, is the Medicaid program. It is just patently unconscionable for we as Members of this great Congress to ignore that.

As our supercommittee now is debating what needs to be cut in our overall spending of \$3.7 trillion every year—

and 30 percent of that is borrowed—that’s how you get to a debt of \$15 trillion. If you borrow \$1 trillion here and \$1 trillion there for 3 or 4 years in a row and if you create a new entitlement program that costs another \$2.7 trillion, you can get to \$15 trillion worth of debt pretty darned quickly.

So, to this bipartisan commission which has been set up to recommend additional cuts so that the President can have his request granted to increase the debt ceiling another \$1.5 trillion so that he gets through the next election and so that this issue doesn’t have to be addressed again, and as this bipartisan, bicameral commission of 12 Members debates where to find the offsetting cuts of \$1.5 trillion, Madam Speaker, I would say, Hey, men and women. You’re all very bright. You were selected by your respective parties and your respective leadership because of the respect all the Members have for you and for your work and experience in regard to dealing with these things.

You’ve got the chairman of the Ways and Means Committee, the chairman of the Energy and Commerce Committee, one of the more senior members of the Financial Services Committee—and I’m referring to the Republicans on the committee. You have the ranking member of the Budget Committee on the Democratic side, and you have one of the highest leadership Members from South Carolina. You have good Democrats and good Republicans in this body and in the other body.

I know they’re struggling. I know they’re struggling. I know the President just sent them a document, a 29-page document, asking for another \$2 trillion worth of cuts. Hey, repeal ObamaCare, and you’ll get \$2.7 trillion of reduction in the debt. It is so simple, and it’s what the American people want. It’s what the American people want.

Majority Leader REID, pass the House-passed budget for fiscal year 2012. I know the Senate hasn’t passed a budget in 900 days—I understand that—but just don’t keep down that path. It’s like trying to tax your way out of debt. The President seems to think that that’s the way to create jobs. You just tax the so-called “rich,” who actually are people who have an adjusted gross income of \$200,000 a year. These are the job creators. These are the small business men and women who, by the way, pay their taxes as individuals.

Colleagues, you know that, and you know that this is a lot about politics and that it’s a lot about the next election; but we just need to take a deep breath and think about what the people back home are telling us. Think about the struggles that they’re going through, those 15 million without jobs—and 45 percent of them have been without jobs for more than 6 months. When you add the underemployed or the people who have just given up, you’re probably talking about not 14, 15 million; you’re probably talking about 25 million people.

I see it. I see it, colleagues, in town hall meetings, and I know you do, too—both Republicans and Democrats. People ask questions. They shake their fingers at you. They're just not going to take some little smoke and mirrors answer to these tough questions. They're fed up with that, and I don't blame them. That's why our approval rating is so poor in the Congress. We as individuals like to think "they love me in my district." You'd better hope so, but maybe not. Maybe not. Maybe every one of us is at risk of joining the ranks of the unemployed.

If we don't do the right thing, Madam Speaker, we deserve it. We deserve to be fired.

I stand here tonight, hopefully not in a partisan way. I think my colleagues on the Democratic side of the aisle would agree that my rhetoric is not over the top—maybe occasionally. Let's try to be honest with each other and work together and get things done and realize, when you've crammed a law like PPACA, the Patient Protection and Affordable Care Act, down the throats of the American people when 60 percent or more say they don't want it, your first priority should be to create jobs and that your second priority and your third priority should be to create jobs and put America back to work and not spend a year and a half trying to pass something just because Democrats for 75 years have wanted this program of government control over health care. I think it was so wrong-headed. It's even worse than the previous year when we spent the whole year trying to please Al Gore and pass this scheme of cap-and-tax—or cap-and-trade—in regard to carbon dioxide. In the process, it would literally have cost every family in this country \$1,500 a year in increased utility bills.

□ 1930

That's what the Democratic majority did when they took over in January of 2007. For a year and a half, I can remember distinctly, Madam Speaker, I was on the Science Committee and the very first hearing we had, we had one witness. That was the new Speaker of the House, NANCY PELOSI, promoting cap-and-trade or cap-and-tax.

And the next hearing we had, we had one witness. That was Al Gore, former Vice President, again, pushing for something that was a job killer, maybe not a job killer for him, maybe not a job killer for certain sectors, special interests in this country, but for John Q. Public, Joe the Plumber, an absolute killer to jobs and has done nothing but increase unemployment despite spending \$850 billion on a stimulus bill that, if it created any jobs, they were government jobs.

Then, in the default position, the Democratic majority says, oh, well, you know, if it hadn't been for this bill that we've passed, all this spending, a lot of jobs would have been lost. Well, that's easy to say, but how do you count that? How do you verify that? Trust but verify.

Again, Madam Speaker, I am not going to take all of the designated hour this evening, but I am proud to have had the opportunity tonight to talk about these issues, yes, on behalf of the GOP House Doctors Caucus, as a member, health care providers, nurses, doctors, dentists, psychologists, people that have been there, that walk the walk in regard to what's best for our country and best for our citizens and, yes, best for our patients, not just seniors. I talked a lot about Medicare tonight and this PPACA, ObamaCare, but we need to let the marketplace work.

Mr. President, we don't want, we didn't want, we never will want a U.K.-type system. We don't want national health insurance. We don't want bureaucrats coming between our health care providers and their patients.

If we don't repeal ObamaCare, we are going to destroy medicine as we know it, not just Medicare and Medicaid as we know it, but health care as we know it. Colleagues, that's one-sixth of our economy today, and it will be growing each and every year.

With that, Madam Speaker, I yield back the balance of my time.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 7 o'clock and 35 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1958

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. FOX) at 7 o'clock and 58 minutes p.m.

REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS

Mr. DREIER, from the Committee on Rules, submitted a privileged report (Rept. No. 112-214) on the resolution (H. Res. 409) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to the House Calendar and ordered to be printed.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. SUTTON (at the request of Ms. PELOSI) for today after 2 p.m. on account of attending a funeral in district.

Mr. BACA (at the request of Ms. PELOSI) for today.

ADJOURNMENT

Mr. DREIER. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 7 o'clock and 59 minutes p.m.), under its previous order, the House adjourned until tomorrow, Thursday, September 22, 2011, at 10 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

3166. A letter from the Program Analyst, Department of Transportation, transmitting the Administration's final rule — Make Inoperative Exemptions; Vehicle Modifications To Accommodate People With Disabilities, Head Restraints [Docket No.: NHTSA-2011-0108] (RIN: 2127-AK22) received August 11, 2011; to the Committee on Energy and Commerce.

3167. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — New Car Assessment Program (NCAP); Safety Labeling [Docket No.: NHTSA-2010-0025] (RIN: 2127-AK51) received August 11, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3168. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Federal Motor Vehicle Safety Standards; Electric-Powered Vehicles; Electrolyte Spillage and Electrical Shock Protection [Docket No.: NHTSA-2011-0107] (RIN: 2127-AK80) received August 11, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3169. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Federal Motor Vehicle Safety Standards; Air Brake Systems [Docket No.: NHTSA-2009-0175] (RIN: 2127-AK84) received August 11, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

3170. A letter from the Director, Regulations and Disclosure Law Division, Department of the Treasury, transmitting the Department's final rule — Courtesy Notice of Liquidation [USCBP-2010-0008] (RIN: 1515-AD67) (formerly RIN: 1505-AC21) received August 12, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3171. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — United States Income Tax Treaties That Meet the Requirements of Section 1(h)(11)(C)(i)(II) [Notice 2011-64] received August 23, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3172. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — 2011 Marginal Production Rates [Notice 2011-58] received August 30, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3173. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — 2011 Section 43 Inflation Adjustment [Notice 2011-57] received August 9, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3174. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Update for Weighted Average Interest Rates, Yield Curves, and Segment Rates [Notice 2011-67] received August 30, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.